

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # P93000032448**

1. Entity Name

BOKIM, INC.



Principal Place of Business

6093 LAKEWORTH RD  
GREEN ACRES FL 33463  
US

Mailing Address

6322 HARBOR STAR DR  
LAKE WORTH FL 33463  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0406447

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRZITSPEZCHER, DUANGPOR N  
9825 HINDEL CT  
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution.

Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D  Delete  
NAME GARVEY, ROBERT F  
STREET ADDRESS 6322 HARBOR STAR DR  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *ROBERT GARVEY / PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/04 561-9653788*

Date

Daytime Phone #

04-12-2004 90654 006 \*\*\*150.00

**54031743**



MOORE CR2E034 (11/03)